EAST HARTFORD PLANNING AND ZONING COMMISSION ZONE CHANGE APPLICATION

Date			
The undersigned applicant hereby petitions the Town Planning and Zoning Commission hold a public hearing to hear and consider the proposal to change the zone from to for the following parcel(s) of land:	public hearing to hear and consider the proposal to change the zone from		
Address or location of subject parcel(s):			
Assessor's Map # and Lot #:			
Size of subject parcel(s) in square feet/acres:			
Description of existing and proposed use of land and buildings in zone change area:			
How will proposed Zone Change relate to the adopted Plan of Development?			
This Zone Change will be of benefit to the Town of East Hartford for the following reasons:			
APPLICANT (If more than one, list on a separate sheet) Name:			
Address:			
Telephone: (Work)(Home)			
Signature: Check One: () Owner () Optionee () Buyer () Ag	 gent		
OWNER(S) OF RECORD (If other than applicant) (If more than one, list on separate sheet)			
Name:			
Address:			
Telephone : (Work) (Home)			
Signature:			

The undersigned owner(s) of the property/properties for which this application is filed hereby authorize(s) the Planning and Zoning Commission or their agents to enter upon the property/properties covered by this application for the purposes of inspection at any reasonable hours.				
Date	Signature of Owner			
incomplete material or inf Planning and Zoning Con	petitioner(s) understand that the submission of inaccurate or formation shall be grounds for denial of this application by the mission and that a Public Hearing sign must be posted on the in the East Hartford Zoning Regulations, Section 714,			
Date	Signature of Petitioner			
of the boundary of the pr	I property owners located within a five hundred (500) foot radius oposed zone change area according to the latest records of the Office (use additional sheets if needed)			

Application Fee: \$160.00 (includes \$60.00 State Fee P. A. 92-235)

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SIGN AFFIDAVIT

Address/location of subject parcel(s):					
Zone	Change from		_ to		
Appli	cant Name(s):				
SIGN	(S) RECEIVED BY				
		Signature	Date		
	filed for the area on vershall be erected and a public or private street posted until the first	that an application for a which the sign or signs he maintained by the application the day that the secular day following the ot apply to the Planning rd.	eave been posted. Said cant wherever the parce notice of public hearing. The	sign or signs el abuts each ng has been requirements	
		Signature of	of Applicant		
		Date			
 Witne	ess				

ZONE CHANGE APPLICATION CHECKLIST

Applicant:

	Phone #			
Zo be De	omplete compliance with the application requirements enumening Regulations is required. A checklist for the basic is low. One checklist should be submitted with the original appeartment of Development. Please note below the items thur application.	tems of submission is given oplication form filed with the		
	(PLEASE MARK <u>X</u> IF ITEM IS COMP	LETE)		
1. 20 COPIES of the completed application, which includes the following:				
	a) Applicant's signature on Page 2			
	b) Owner's signature on Page 1 & 2			
	c) Names and addresses of all property owners within 500 feet of the boundaries of the proposed zone change keyed to map showing all property lines within this area			
2.	\$160.00 application fee (includes \$60.00 State Fee P.A. 92-235)			
3.	20 copies of the Sectional Zoning map which indicates in color the boundaries of the proposed zone change			
4.	20 copies of an accurate, certified site plan			
5.	The location of designated regulated areas including Inland Wetlands and Flood Hazard Zones			
6.	One complete set of application and maps which the applicant must file with the Town Clerk on or before the application close-out date.			